

TENNESSEE DEPARTMENT OF HEALTH

**DIVISION OF HEALTH DISPARITIES
OFFICE OF MINORITY HEALTH AND DISPARITIES ELIMINATION**

**"PUBLIC HEALTH: PARTNERING TO PROMOTE PRIMARY PREVENTION WITH MINORITY
COMMUNITIES" INITIATIVE**

Cover Page

Date Proposal Submitted: April 12, 2013

Name of Organization: Rutherford County Health Department

Type of Organization/ Institution: ☒ County Health Department ☐ Faith-Based Institution

Federal Identification Number (FEIN#): _____

Person to be contacted on matters involving the proposal

Name: LaShan Mathews Title: Public Health Educator

Address: 100 West Burton Street

City: Murfreesboro Zip: 37130

Telephone Number: 615-898-7885 Fax Number: 615-898-7829

Email Address: shanmathews@yahoo.com

Total State Funds Requested: \$2,000

TENNESSEE OFFICE OF MINORITY HEALTH AND DISPARITIES ELIMINATION

ATTACHMENT 2

GRANT BUDGET

NAME OF HEALTH DEPARTMENT		Rutherford County Health Department		
HEALTH PRIORITY AREA:		Chronic Disease & Self-Esteem		
For further definition of each expense object line-item, refer to Department of Finance and Administration Policy 03, <i>Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. Policy 03 can be found on the Internet at : http://www.state.tn.us/finance/act/documents/policy3.pdf.</i>				
The FOLLOWING IS APPLICABLE TO EXPENSE INCURRED IN THE PERIOD:				
Start Date: April 15, 2013 End Date: June 30, 2013				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY (detail schedule(s) attached as applicable)		MATCHING FUNDS (participation)	TOTAL PROJECT
1	Salaries (detail attached)	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes (___ %)	\$0.00	\$0.00	\$0.00
4, 15	Professional Fees/Grant Awards (detail attached)	\$300.00	\$300.00	\$600.00
5	Supplies	\$400.00	\$400.00	\$800.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$400.00	\$400.00	\$800.00
11, 12	Travel/ Conferences & Meetings (must include \$500 to attend meeting sponsored by TDH) (detail attached)	\$500.00	\$0.00	\$500.00
13	Interest	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance to Individuals (detail attached)	\$400.00	\$400.00	\$800.00
17	Depreciation (detail attached)	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel (detail attached)	\$0.00	\$0.00	\$0.00
20	Capital Purchase (detail attached)	\$0.00	\$0.00	\$0.00
22	Indirect Cost (___ %)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$900.00	\$900.00
25	GRAND TOTAL	\$2000.00	\$2900.00	\$4900.00

ATTACHMENT 2
GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEES/GRANT AWARDS	AMOUNT
Exercise Instructor for 4 classes (1hour)	\$300.00
TOTAL	\$300.00

TRAVEL/CONFERENCES & MEETINGS	AMOUNT
Travel & Accommodations to attend TDOH Meeting	\$500.00
TOTAL	\$500.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
This money will be used to purchase food and products that will directly go participants and their families for their use.	\$400.00
TOTAL	\$400.00

OTHER NON PERSONNEL	AMOUNT
TOTAL	